

License Clerk - MG

License Application



Phone: 304.776.1000

Fax:

2016

07/31/2015

10:25:25



Section 1

Soc Sec # or Tax ID # _____

Name _____

Date of Birth ____ / ____ / ____

Trainer /
Employer _____

Stable Name _____

Identification:

Sex ____ Age ____ Color: Hair ____ Color: Eyes ____ Height ____ ft. ____ in. Weight ____

Section 2

Address _____

City _____

State _____

Zip _____

Phone # _____

Cell # _____

Partners _____

Questions a-h must be answered "yes" or "no"

- a. Has you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked ?
- b. Has any other type of license or permit of you or your spouse ever been suspended, denied, or revoked ?
- c. Have you ever been expelled, discharged, or ejected from any race track or fined more than \$100.00 ?
- d. Have you or your spouse ever been convicted of, or forfeited bail on, any felony or misdemeanor criminal offense ? (Including DUI or DWI)
- e. Are there any criminal charges currently pending anywhere against you or your spouse ?
- f. Are you or your spouse currently on parole or probation ?
- g. Are there any outstanding civil judgements against you or your spouse ?
- h. Do you have or, have you had a valid THOROUGHBRED LICENSE at any other racetrack ?
- i. Are you a United States citizen ?

If NO, Citizenship _____

Visa # _____

Expiration _____

	Yes	No
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>

For a through h above, for each "yes" above, you must
provide full details on back of this application.

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said license, that the same may, at any time, be summarily revoked, canceled or suspended, or withdrawn.

I authorize the West Virginia Racing Commission or it's designated agent to investigate my background to determine my eligibility for a license as per the West Virginia Rules of Racing.

I authorize any company, organization, educational or health care institution or law enforcement agency to release any personal records, medical records, educational records, credit history records, criminal history records, or other such documentation to the West Virginia Racing Commission or it's authorized agent.

**NOTE: Trainers and Businesses
need copy of
Workers' Compensation**

State & Year Last Fingerprinted:

State: ____ Year: ____

Return to: WVRC License Clerk - Charles Town Races**Mail to: P. O. Box 551 Charles Town WV 25414****Overnight to: 580 East 5th Ave. Ranson WV 25438**

Section 3

Please mark the license(s) you are requesting today

Signature of Applicant _____

Date _____

<input type="checkbox"/> 15 D	ADMINISTRATION	\$20.00
<input type="checkbox"/> 5 A	ANNOUNCER	\$20.00
<input type="checkbox"/> 15 C	ASST. KEN. MAST	\$20.00
<input type="checkbox"/> 15 B	ASST. RAC. SEC.	\$20.00
<input type="checkbox"/> 20 O	ASST. STARTER	\$20.00
<input type="checkbox"/> 12 B	ASST. TRAINER	\$30.00
<input type="checkbox"/> 1 B	AUTH. AGENT	\$20.00
<input type="checkbox"/> 20 B	BRAKEMAN	\$20.00
<input type="checkbox"/> 15 K	CAGE OPS	\$20.00
<input type="checkbox"/> 22 B	CHART WRITER	\$20.00
<input type="checkbox"/> 21 O	CHART WRITER	\$20.00
<input type="checkbox"/> 2 O	CLERK OF SCALES	\$20.00
<input type="checkbox"/> 15 E	COMPUTER OP.	\$20.00
<input type="checkbox"/> 7 A	CONCESSIONS	\$20.00
<input type="checkbox"/> 2 B	CORPORATION	\$40.00
<input type="checkbox"/> 21 B	CORPORATION	\$40.00
<input type="checkbox"/> 29 A	DIRECTOR OF SEC	\$20.00
<input type="checkbox"/> 15 D	DISHWASHER	\$20.00

<input type="checkbox"/> 15 O	HOTEL	\$20.00
<input type="checkbox"/> 15 H	HOUSEKEEPING	\$20.00
<input type="checkbox"/> 15 R	HUMAN RESOURCES	\$20.00
<input type="checkbox"/> 6 O	IDENTIFIER	\$20.00
<input type="checkbox"/> 7 O	JUDGES	\$30.00
<input type="checkbox"/> 20 B	KENNEL HELPER	\$20.00
<input type="checkbox"/> 9 O	KENNEL MASTER	\$20.00
<input type="checkbox"/> 24 B	KENNEL NAME	\$40.00
<input type="checkbox"/> 23 B	LEAD OUT	\$20.00
<input type="checkbox"/> 10 O	LURE OPERATOR	\$20.00
<input type="checkbox"/> 12 A	MAINTENANCE	\$20.00
<input type="checkbox"/> 13 A	MARKETING MGT	\$20.00
<input type="checkbox"/> 15 S	MIS	\$20.00
<input type="checkbox"/> 15 A	MISC EMPLOYEES	\$20.00
<input type="checkbox"/> 16 A	MUTUEL EMPLOYEE	\$20.00
<input type="checkbox"/> 25 B	OWNER	\$30.00
<input type="checkbox"/> 13 O	PADDOCK JUDGE	\$30.00
<input type="checkbox"/> 14 O	PATROL JUDGE	\$20.00

<input type="checkbox"/> 16 O	RACING SEC.	\$30.00
<input type="checkbox"/> 15 Y	RESTAURANT	\$20.00
<input type="checkbox"/> 21 A	SECURITY	\$20.00
<input type="checkbox"/> 15 L	SLOTS	\$20.00
<input type="checkbox"/> 20 O	STARTER	\$20.00
<input type="checkbox"/> 15 U	SURVEILLANCE	\$20.00
<input type="checkbox"/> 15 M	TABLE GAMES	\$20.00
<input type="checkbox"/> 31 A	TOTALIZER	\$20.00
<input type="checkbox"/> 15 Q	TRACK MAINT.	\$20.00
<input type="checkbox"/> 35 B	TRAINER	\$30.00
<input type="checkbox"/> 24 A	VENDOR	\$40.00
<input type="checkbox"/> 15 V	VENDOR HELPER	\$20.00
<input type="checkbox"/> 22 O	VET ASSIST	\$20.00
<input type="checkbox"/> 39 B	VETERINARIAN	\$30.00

**AFTER you complete Section 3, please
give completed form to the clerk.**